

Com Ed 7/2/93



## ITEMS TO CHECK FOR IN SPCC INSPECTIONS

### 1) Review of Plan

- ☒ Is Plan certified by an engineer? Date?
- ☒ Does Plan have management approval? Date?
- ☒ Potential water body affected
- ☐ What is the size and contents of each tank?
- ☐ Does Plan address:
  - ☐ containment (diking)
  - ☐ control measures
  - ☐ countermeasures
  - ☐ drainage of diked and undiked areas
- ☒ In case of equipment failure, does plan address flow rate, direction and quantity?
- ☒ Adequate records of inspection of equipment and facility
- ☒ Are records of tank inventory inspections available?
- ☒ Training of personnel (records)
- ☒ Designated person accountable for any spill

### 2) Inspection of Facility

- ☒ Is diking or diversionary structure of adequate size?
- ☒ Availability of sorbent materials
- ☒ Drainage of diked areas and undiked areas
- ☒ In-plant diversions or return of oil
- ☐ Are there back-up pumps at lift stations?
- ☒ Are gauges, liquid level sensing devices or high level alarms working?
- No Any visible leaks from gaskets, seams, rivets or bolts?
- OK Check buried piping for protective coating
- Y Are pipe ends capped or blank flanged?
- yes Are pipe ends within diking?
- OK Check joints of above-ground pipes
- OK Is piping protected from vehicular traffic?
- ☐ Where does loading rack area drain to? *coal Pile*
- 27H What type of facility security is there?
- OK Is there adequate lighting?
- OK Posting of emergency phone numbers
- OK Material in bottom of dike area (concrete, clay, etc.)

527 Cir circumference

Height

<b>A. SPCC INSPECTION FIELD SHEET</b> <i>( To be completed if SPCC Regulation is applicable to Facility - see 40CFR Part 112.1.)</i>			<b>SEE INSTRUCTIONS ON REVERSE</b>
1a. NAME OF FACILITY		1b. TYPE OF FACILITY	
1c. FACILITY LOCATION			
2a. NAME OF OWNER AND/OR OPERATOR RESPONSIBLE FOR FACILITY		2b. TELEPHONE NUMBER Area Code (     )	
2c. MAILING ADDRESS			
3. TYPES OF OIL STORED AND CAPACITY OF ABOVEGROUND AND BURIED STORAGE.			
4. IS A CERTIFIED SPCC PLAN AVAILABLE FOR INSPECTION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		5. DATE OF INSPECTION <div style="text-align: center; font-size: 1.2em;">7/2/93</div>	
6. NAME AND REGISTRATION NUMBER OF CERTIFYING ENGINEER <input type="checkbox"/> NOT AVAILABLE		7. DATE SPCC PLAN WAS CERTIFIED <input type="checkbox"/> NOT AVAILABLE	
8. IS SPCC PLAN FULLY IMPLEMENTED? (Are the items called for in the Plan in the interest of spill prevention actually installed - if observable?) <input type="checkbox"/> NOT APPLICABLE			
9. NAME OF WATER BODY THAT POTENTIAL SPILL COULD ENTER; OR IF UNNAMED TRIBUTARY, THEN FIRST NAMED WATERBODY DOWNSTREAM (if known)			
10. COMMENTS (Include comments by owner/operator - write on back or attach extra sheets if needed)			
11a. SPCC NO.		11b. CASE NO.	
12a. INSPECTOR (sign)		11c. NPDES NO. <input type="checkbox"/> NOT AVAILABLE <div style="text-align: center; font-size: 1.2em;">IL0002216</div>	
12c. INSPECTOR (print)		12b. DATE	

## B. SPCC INSPECTION SUMMARY SHEET

SPCC NO.		CASE NO.		DATE OF INSPECTION	
NAME OF INSPECTOR (Signature)				DATE OF DOCUMENTATION REPORT	
NAME OF INSPECTOR (Print)				NPDES NO.	

### 1. FACILITY

**a. COMPANY**

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FACILITY NAME \_\_\_\_\_

**b. FACILITY LOCATION**

PARENT CORPORATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**c. WATER BODY PROTECTED** \_\_\_\_\_

### 2. PURPOSE

**INITIATION:** ☐ Routine Surveillance ☐ Coast Guard Information  
☐ Spill Report ☐ Citizen Information ☐ Other (specify): \_\_\_\_\_

**TYPE:** ☐ Plan Preparation ☐ Plan Implementation  
☐ Follow-up ☐ Plan Amendment

### 3. INSPECTION

INDIVIDUAL CONTACTED	TITLE
INDIVIDUAL CONTACTED	TITLE

**NOTIFICATION**

### 4. FINDINGS

**SOURCE IN APPARENT COMPLIANCE WITH SPCC REQUIREMENTS:**

☐ Yes

- ☐ Have adequate plan
- ☐ Not subject to regulations
  - ☐ Insufficient storage
  - ☐ No reasonable spill expectation
- ☐ Plan fully implemented
- ☐ New facility operational less than 6 months

☐ No

- ☐ No plan
- ☐ Plan not properly certified
- ☐ Plan does not have management approval
- ☐ Plan not maintained at facility manned 8 hrs/day
- ☐ Inadequate plan (detailed SPCC Plan review attached)
- ☐ Plan not fully implemented
- ☐ Plan not reviewed within 3 years

☐ Other

### 5. ATTACHMENTS (None required if facility in apparent compliance)

	NONE	ATTACHED	ALREADY ON FILE
*Detailed Observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Map	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Field Drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*SPCC Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*\*(ALL REQUIRED IF FACILITY IS NOT IN APPARENT COMPLIANCE. If photos not permitted, check "None" and explain. Add "SPCC Plan" to List of Attachments when appropriate.)*

# CALCULATION OF VOLUME OF SECONDARY CONTAINMENT

Name of Facility: COM Ed #9

Area: 1 2 3 4  
 Volume of Largest Tank (gal): 770 000  
384 x 59.2 diameter

Dike Measurements: Area: 1 2 3 4  
 Height: \_\_\_\_\_  
 Length: \_\_\_\_\_  
 Width: \_\_\_\_\_

527 ft circumference  
7.6 height

$$V \text{ (gal)} = H \times L \times W \times 7.48 \text{ gal / ft}^3$$

circumference of a circle:

$$C = \pi D = 2\pi r$$

$$C = 2\pi r$$

Volume of a circle:

$$V = \pi r^2 h$$

$$\frac{C}{2\pi} = r$$

where  $C = 527 \text{ ft}$ ,  
 $r = \frac{527}{2\pi} = 83.87 \text{ ft}$

$$V = \pi (83.87 \text{ ft})^2 (7.6 \text{ ft})$$

$$V = 167948.74 \text{ ft}^3$$

$$V_{\text{gal}} = 167948.74 \text{ ft}^3 \times 7.4 \text{ gal / ft}^3 =$$

$$V_{\text{gal}} = 1,242,820.68 \text{ gal.}$$

$$V_L = 770,000$$

$$\% \text{ capacity} = \frac{1,242,820}{770,000} \times 100 = 161\%$$

**C. DETAILED SPCC DOCUMENTATION**SEE  
INSTRUCTIONS  
ON PAGE 8

FACILITY

DATE OF INSPECTION

**1. FACILITY DESCRIPTION****1a. TYPE OF BUSINESS/OPERATION****1b. FACILITY OIL STORAGE****1c. PREVENTION MEASURES PROVIDED****1d. APPEARANCE OF FACILITY (housekeeping)****1e. PAST SPILL HISTORY**

3. COMMENTS

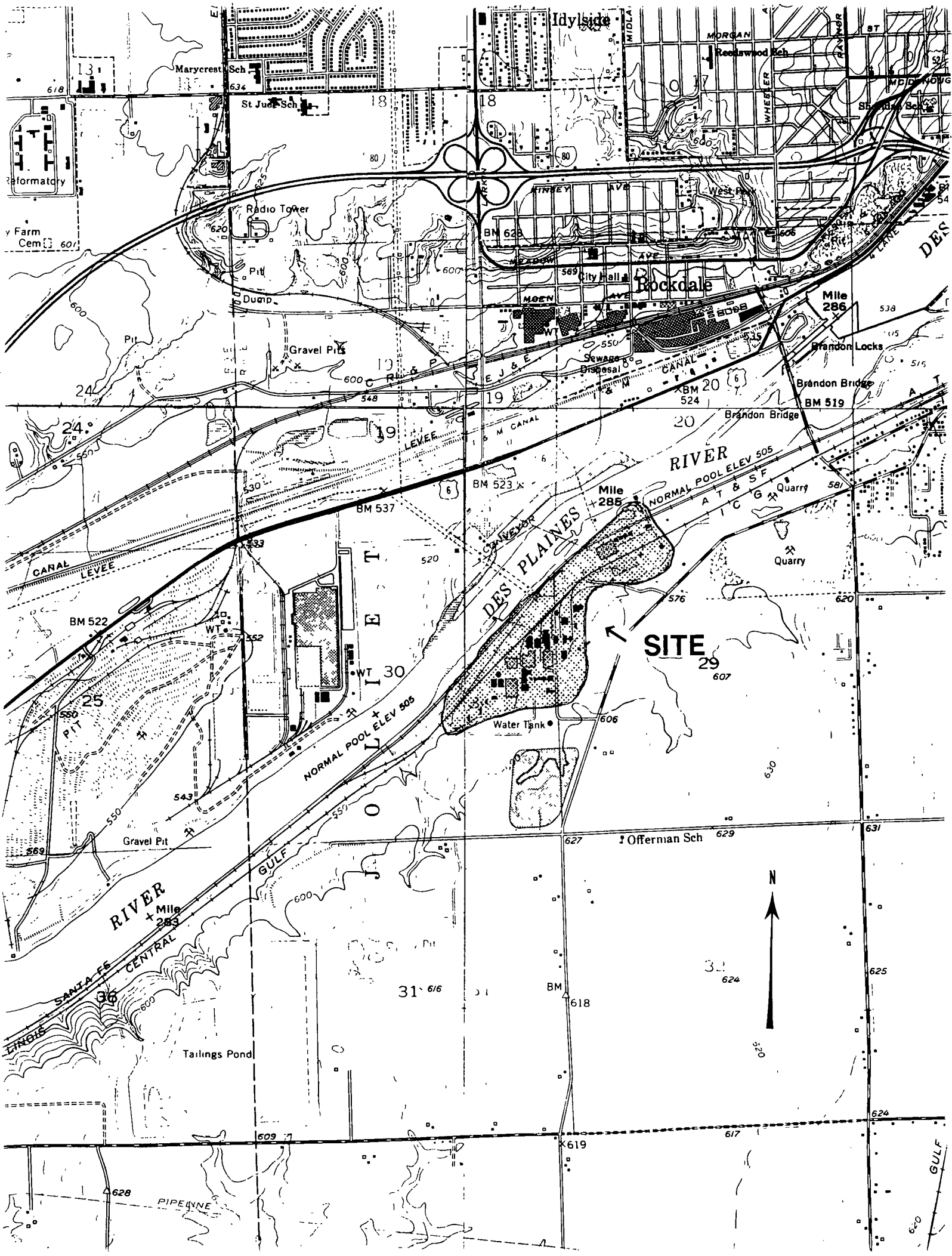
**5. SPCC AMENDMENT RECOMMENDATIONS** (*Amendment Inspections only*)

**7. PHOTOGRAPHS** *(Attach more sheets if needed)*

<b>SUBJECT</b>	<b>FACILITY</b>
<b>PHOTOGRAPHER</b>	<b>WITNESSES</b>
<b>WITNESSES</b>	<b>WITNESSES</b>
<b>DATE/TIME/DIRECTION</b>	<b>CAMERA/FILM/ATTACHMENTS</b>
<b>SUBJECT</b>	<b>FACILITY</b>
<b>PHOTOGRAPHER</b>	<b>WITNESSES</b>
<b>WITNESSES</b>	<b>WITNESSES</b>
<b>DATE/TIME/DIRECTION</b>	<b>CAMERA/FILM/ATTACHMENTS</b>

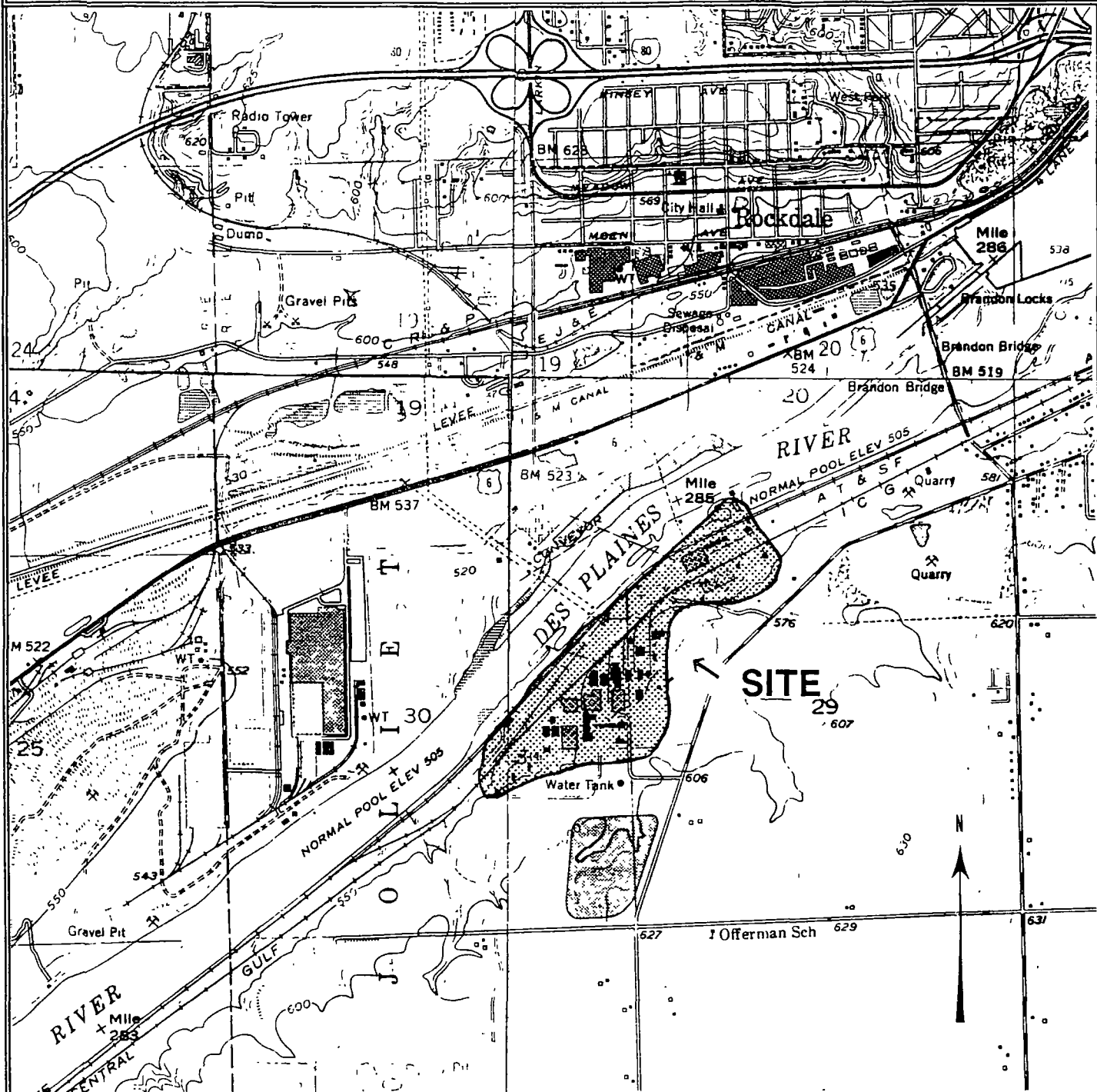
**ATTACH PHOTOGRAPHS HERE**





C. DETAILED SPCC DOCUMENTATION

6. FIELD DRAWINGS (Attach more sheets if needed, and show north arrow of other orientation)



**FACILITY**  
Commonwealth Edison - Joliet Station No. 9

**INSPECTION DATE**  
July 2, 1993

**INSPECTOR**  
Karen Rydzewski and Michael Kulikowski, Ecology & Environment, Inc., U.S. EPA Technical Assistance Team